



DENTAL BOARD OF CALIFORNIA
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APPLICATION FOR LAW AND ETHICS EXAMINATION

SPECIAL PERMIT APPLICANTS

OR

APPLICANTS WHO PREVIOUSLY PASSED THE RESTORATIVE TECHNIQUE EXAMINATION

FEES

Examination Fee: \$75.00

FEE IS NON-REFUNDABLE

For Office Use Only

ATS # _____

Rec # _____

Fee Pd _____

Date Cashiered: _____

For Office Use Only

Received

(Please type or print neatly)

1. LEGAL NAME: LAST FIRST MIDDLE

2. Address of Record: Street City State Zip Code

3. TELEPHONE NUMBER

Evening () Day ()

4. Do you have a disability or condition that requires special accommodations?
 If yes, email db_examinations@dca.ca.gov for a "REQUEST FOR ACCOMMODATION" packet. YES ☐ NO ☐

5. Preferred Examination: Northern California ☐ Southern California ☐ Month: _____

6. When did you pass the Restorative Technique Examination? If, applicable
 Month/Year